

Looking for more information?



Open enrollment webinars
Visit minneapolismn.gov/hr/benefits to access the link for your preferred webinar session. You'll also find a link to a recorded session that can be viewed anytime.

All employees except Park Board:		
Friday, Oct. 22 10:00 - 11:00 am	Thursday, Oct. 28 12:00 - 1:00 pm	Tuesday, Nov. 9 4:30 - 5:30 pm
Monday, Oct. 25 1:00 - 2:00 pm	Wednesday, Nov. 3 7:30 - 8:30 am	

Park Board employees only:	
Wednesday, Oct. 27 9:00 - 10:00 am	Monday, Nov. 1 2:00 - 3:00 pm



minneapolismn.gov/hr/benefits
The City's website is a resource for details on all employee benefits.



welcometomedica.com/cityofminneapolis
Visit Medica's website for City of Minneapolis employees to view details about your health benefits, search provider networks, review your drug coverage and learn about available health and wellness programs.



CityLife Employee Hub
For questions about your enrollment or premium contribution rate, submit an inquiry by clicking the icon for the CityLife Employee Hub on your City-issued computer or visiting minneapolis.service-now.com from any browser.



Medica Customer Service
For questions about health benefits and the Medica Elect or Medica Choice Passport networks, call 952-945-8000 or 1-800-952-3455.
For questions about the ACO networks, call 1-855-857-2045.



Human Resources Department
250 South 4th Street – Room 100
Minneapolis, MN 55415

PRESORT
STANDARD
US POSTAGE
PAID
TWIN CITIES, MN
PERMIT NO. 93723

For reasonable accommodations or alternative formats, please contact the Benefits Office at 612-673-2282. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users can call 612-673-2157 or 612-673-2626. Para asistencia 612-673-2700. Yog xav tau kev pab, hu 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.

Medica complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

COMIFB-0119-J

Your Guide to Open Enrollment

November 1 - 15, 2021



City of Minneapolis Employee Benefits Program

COM10391-1-00921



Open enrollment is coming up

You can make changes to your benefit elections for 2022 during the open enrollment period. Here's what you need to know:

- 1. Health insurance will continue to be offered by Medica.** The benefit plan design and the City's monthly contribution of \$90 (single) or \$190 (family) to your HRA/VEBA account will be the same in 2022.
- 2. Your provider network options for 2022 will be the same.** If you are currently enrolled in the Medica Choice® Passport or Medica Elect® networks, consider moving to an ACO for significant premium savings.
- 3. To view the premium contribution rate – standard or wellness – that you are eligible to enroll in, log in to your benefits enrollment event in COMET.** The amount shown below for the network and coverage level of your choice will be deducted from each of your first two paychecks per month.

Network Option	Amount deducted from each of your first two paychecks in a month				2022 Employer Contribution	
	Employee Contribution 2022 Standard Rate	Employee Contribution 2022 Wellness Rate	Single	Family	Single	Family
Medica Choice® Passport	\$ 81	\$248	\$ 56	\$178	\$302	\$817
Medica Elect®	\$ 54	\$177	\$ 29	\$107	\$302	\$817
VantagePlus with Medica SM	\$ 35	\$124	\$ 12	\$ 59	\$302	\$817
Park Nicollet First with Medica SM	\$ 25	\$ 98	\$ 2	\$ 33	\$302	\$817
Ridgeview Community Network® powered by Medica	\$ 25	\$ 98	\$ 2	\$ 33	\$302	\$817
Clear Value with Medica SM	\$ 25	\$ 98	\$ 2	\$ 33	\$302	\$817

- 4. If you don't complete the enrollment process, you will be re-enrolled by default into your 2021 medical coverage level and provider network.** After the open enrollment period concludes, you'll receive a statement confirming your 2022 benefit elections. If anything is incorrect, submit a "Return Confirmation Statement" ticket on the CityLife Employee Hub by 5 pm on Friday, Dec. 17.
- 5. You must re-enroll in the flexible spending account (FSA) each year to set aside pre-tax dollars for eligible health care and dependent care expenses.** Contribution limits for 2022 will be displayed in COMET. Any unspent funds greater than \$25 but less than or equal to \$500 that remain in your health care FSA at the end of the year will be carried over to the next plan year. All unspent funds that remain in your dependent care FSA at the end of 2021 will be carried over to 2022. This is a one-time exception to the usual "use it or lose it" rule.
- 6. You will receive a new Medica ID card in December.** Be sure to present it each time you check in for medical care or pick up a prescription beginning January 1, 2022. If you participate in Fit Choices, show your new ID card the first time you go to the gym in 2022.
- 7. During open enrollment, you may waive, decrease or apply to increase your optional life insurance coverage.** Request an application through the CityLife Employee Hub.

Open enrollment is November 1 - 15

Your provider network options

When you enroll, you must select a single network to provide care for you and all the dependents covered by your plan. The benefit plan design is the same across all six networks, but premiums will vary depending on the network and coverage level (single or family) you choose. See the premium rate table for details.

1. Medica Choice Passport. You and your dependents may visit any provider in this large national network without a referral. It's a good idea to have a regular primary care provider, but it's not a requirement of this network. The premium for Medica Choice Passport is the highest among your six network options.

Medica Elect Care Systems

Allina Health (Twin Cities area)

Children's Health Network (Twin Cities area)

Hennepin Healthcare (Twin Cities area)

Integrity Health Network (Duluth area)

Lakeview Medical Care System (Stillwater area)

Minnesota Healthcare Network (Twin Cities and Central Minnesota areas)

Park Nicollet Health Services (Twin Cities area)

RiverWay/North Suburban (Twin Cities area)

St. Luke's Care System (Duluth area)

When you choose Medica Elect or an ACO network, Medica's Travel Program provides in-network coverage for many types of medical care and access to a broad national provider network when you travel outside of Medica's service area of Minnesota, North Dakota, South Dakota and western Wisconsin.

What's an ACO?

In an accountable care organization (ACO), groups of doctors, nurses and other health care providers work together with your health plan to provide coordinated care. That means you receive enhanced care, at a lower cost. When you enroll in an ACO, you can give Medica and your ACO permission to share information with each other. This helps you get the care you need and gives you access to programs and services that can benefit you. You don't need to designate a primary care clinic or get a referral for specialty care within the ACO network, but you must get all of your care from your ACO in order to receive in-network benefits.

4. Park Nicollet First with MedicaSM (ACO). Includes more than 20 neighborhood clinics offering primary care, urgent care and specialty care, plus access to Park Nicollet Methodist Hospital, St. Francis Regional Medical Center and Park Nicollet's specialty centers, including the Bariatric Surgery & Weight Center, Burnsville Same-Day Surgery Center, Frauenshuh Cancer Center, Heart and Vascular Center, Jane Brattain Breast Center, Melrose Center (for eating disorders), Struthers Parkinson's Center, Child and Family Behavioral Health, Joint Replacement Institute, Family Birth Center, Women's Center, and TRIA Orthopaedic Center. This ACO network features: same-day primary care appointments, plus weekend and evening hours; online diagnosis and treatment for 60 common conditions through **Virtuwell.com**; a text-message service to guide you to and through appointments; valet parking at selected locations; and discounts at Park Nicollet Health & Care Stores.

5. Ridgeview Community Network[®] powered by Medica (ACO). Includes all Ridgeview Clinics; Catalyst Medical Clinic; Lakeview Clinic, Ltd; OBGYN West; South Lake Pediatrics; Wayzata Children's Clinic; and Western OB/GYN, a division of Ridgeview Clinics; plus 150+ specialty care partnerships; and six hospitals (Abbott Northwestern Hospital, Children's Minnesota, HCMC, Ridgeview Arlington Campus, Ridgeview Le Sueur Campus, and Ridgeview Waconia Campus). This ACO network features: a navigator to answer questions about network providers, community services and wellness programs; text-messaging reminders about preventive wellness visits; six urgent care locations; same-day primary care appointments; a 24/7 nurse and advisor line; free local home delivery of prescriptions from partner pharmacies; access to online care; and a free meet-and-greet provider visit.

6. Clear Value with MedicaSM (ACO). Includes providers and facilities from Hennepin Healthcare, an integrated system of care that includes a nationally recognized Level 1 adult and pediatric trauma center, as well as a clinic system with eight primary care clinics and 60 specialty clinics located in Minneapolis and across Hennepin County. When you enroll in this ACO, you may see any primary or specialty care provider in the Hennepin Healthcare network without a referral. This ACO network also features: convenient and quick access to care; Pops[®] diabetes management system; free parking and easy public transit options; on-site pharmacies and medication therapy management; concierge scheduling support; access to holistic care that combines conventional and complementary approaches such as acupuncture, chiropractic care, integrative physical therapy and integrative primary care; and a secure online patient portal.

Visit welcometomedica.com/cityofminneapolis to learn more about your network options.

City of Minneapolis 2022 Medical Plan Summary of Benefits		
Partial Listing of Covered Services	In-Network Benefits	Out-of-Network Benefits
Annual Deductible	\$2,000 per member \$4,000 per family	\$3,000 per member \$6,000 per family
Annual Out-of-Pocket Maximum	\$3,000 per member \$6,000 per family	\$6,000 per member \$12,000 per family
Lifetime Maximum	Unlimited	Unlimited
	When you receive covered services after the deductible has been met, YOU will pay:	When you receive covered services after the deductible has been met, YOU will pay:
Preventive Care <ul style="list-style-type: none">Routine Physical & Eye ExamsImmunizations & Cancer ScreeningsWell Child Care	The deductible does not apply. No charge No charge No charge	40% 40% No charge
Office Visits <ul style="list-style-type: none">Illness or InjuryChiropractic CareMental Health/Substance Abuse	20% 20% 20% However, there is no charge for the first 10 mental or behavioral health office visits and the first 10 intensive outpatient program visits per year, in or out-of-network.	40% 40% Limit of 15 visits per member per year. 40% However, there is no charge for the first 10 mental or behavioral health office visits and the first 10 intensive outpatient program visits per year, in or out-of-network.
<ul style="list-style-type: none">Physical, Occupational & Speech Therapy	20%	40% Physical and occupational therapy have a combined limit of 20 visits per member per year. Speech therapy is limited to 20 visits per member per year.
Prescription Drugs <i>Visit minneapolismn.gov/hr/benefits for more information about Medica's drug tiers.</i>	The deductible does not apply. <u>Retail (31-day supply)</u> Generic: \$10 copayment Preferred brand: \$25 copayment Non-preferred brand: \$50 copayment <u>Mail (93-day supply)</u> Generic: \$20 copayment Preferred brand: \$50 copayment Non-preferred brand: \$100 copayment	The greater of 40% or a \$50 copayment per prescription unit. Mail order: No coverage
Specialty Prescription Drugs <i>Up to a 31-day supply per prescription for specialty prescription drugs received from a designated specialty pharmacy.</i> <i>Visit minneapolismn.gov/hr/benefits for more information.</i>	The deductible does not apply. <u>Retail (31-day supply)</u> Preferred specialty: \$25 copayment Non-preferred specialty: \$50 copayment <u>Mail (93-day supply)</u> Preferred specialty: \$50 copayment Non-preferred specialty: \$100 copayment	No coverage
Inpatient Hospital Services <ul style="list-style-type: none">FacilityPhysicianMental Health/Substance Abuse	20% 20% 20%	40% 40% 40%
Outpatient Hospital Services <ul style="list-style-type: none">FacilityPhysician	20% 20%	40% 40%
Lab and Pathology	20%	40%
X-Ray and Other Imaging	20%	40%
Urgent or Emergency Care <ul style="list-style-type: none">Urgent Care CenterHospital Emergency RoomEmergency Ambulance	20% 20% 20%	Covered as in-network benefit Covered as in-network benefit Covered as in-network benefit
Durable Medical Equipment and Prosthetics	20%	40%

For complete details about your coverage, please contact Medica to review a Plan Document. In the event of discrepancies between this brochure and the Plan Document, the Plan Document will prevail.

To view a longer description of your coverage in a federally-required format called a Summary of Benefits and Coverage, visit minneapolismn.gov/hr/benefits. You may also request a paper copy by submitting an inquiry to the CityLife Employee Hub. Please note that the coverage examples presented in the Summary of Benefits and Coverage are hypothetical and are not based on your actual costs under the City of Minneapolis Medical Plan.

How to enroll

Open enrollment begins on Monday, Nov. 1. You must complete the enrollment process by 11:59 pm on Monday, Nov. 15.

You will enroll online using the COMET system. To log in, visit minneapolismn.gov/hr/hris and click **COMET-HR PeopleSoft Human Capital Management (HCM) and Enterprise Learning Management (ELM)**. If you are a City employee, you will click **COMET HR** to sign in. If you are a Park Board employee, you will click **Non-City User Login**, then enter your employee ID number and password. The IT Help Desk (612-673-2525) is available from 6 am to midnight on weekdays and 9 am to 7 pm on weekends to reset your password if necessary.

Once you are signed in, follow these links to complete your enrollment: **main menu > self service > open enrollment**. After making your elections, be sure to click **submit**. You will receive a confirmation email the next day.

You must submit documentation of your relationship to any dependents that you add to your plan for the first time. Visit minneapolismn.gov/hr/benefits for detailed instructions if this applies to you. You will submit your documentation electronically through the CityLife Employee Hub. After logging in to CityLife, follow these links to upload your dependent documentation: **services > benefits > dependent documentation > open enrollment**.

After the open enrollment period concludes, you will receive a statement confirming the benefits you enrolled in. If anything is incorrect on this form, you must let the Benefits Office know by submitting a ticket on the CityLife Employee Hub by 5 pm on Friday, Dec. 17.

How does the medical plan work?

You will share in the cost of your health care through “up-front” costs (monthly premium contributions) and “pay-as-you-go” or “out-of-pocket” costs. Out-of-pocket costs include:

- Deductible** – a fixed dollar amount you owe for covered services prior to your health plan paying anything during the plan year. There are separate deductibles for individuals and families, and for in- and out-of-network services. Some services may be excluded from the deductible. For example, preventive care services obtained from in-network providers are covered at 100 percent, even if you have not satisfied your deductible.
- Coinsurance** – a percentage amount that you owe for covered health care services after a service has been provided and a claim has been processed.
- Copayment** – the fixed dollar amount you pay when you pick up a prescription.
- Out-of-pocket maximum** – the highest amount of charges for covered services that you would have to pay in deductibles, copayments and coinsurance during the plan year. After you reach your out-of-pocket maximum, all covered health services will be paid at 100 percent for the remainder of the plan year.

An ACO might be right for you if...

- You already see a provider who participates in an ACO network.
- You like the extra support and services an ACO provides.
- You're looking for cost savings.